

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 12 1940

399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1002

State File No. 9723
Registrar's No. 1157

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2606 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 27 Years
years, months or days)

3. (a) PRINT FULL NAME Rev. William L. Harris 620

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Fannie M. Harris 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 10 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 3 hr. min.

9. Birthplace Normal Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Christian Church

12. Name E. D. Harris

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Worden

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Harris

(b) Address 7037 Montgall

17. (a) Burial (b) Date thereof Mar. 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-14-40 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2606 Spruce Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from November 6 1940 to March 3 1940
that I last saw him alive on 3-12-40 (3-12-40) 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Anterior & lateral heart infarction
Due to 9519
Due to 9519

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ----
(b) Date of occurrence ----
(c) Where did injury occur? ---- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----

(Specify type of place) While at work? (e) Means of injury ----

23. Signature Robert M. Myers (M. D. or other) M.D.
Address 1025 DuBois Blvd Date signed 3-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1025. *Sparganium*.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:

Registered Apprentice No. _____

working under my personal supervision.

Signed

Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 1610

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.